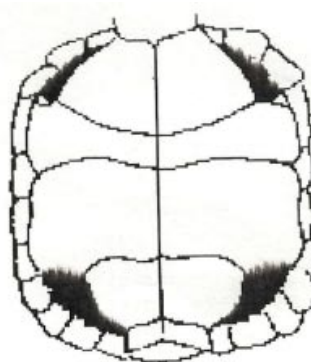
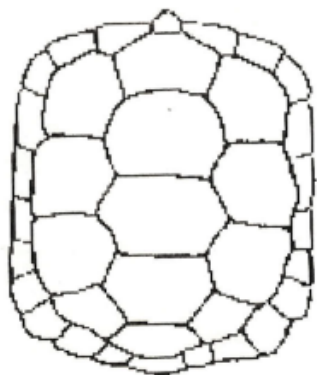


Desert Tortoise Health Assessment (HA) Data Collection Form – Solar Projects

U.S. Fish and Wildlife Service April 2012

Date (ddmmmyy):	Start time (24h):	Project name:	Site description / current pen #:	Tortoise ID #:	Transmitter frequency:
GPS datum:	UTM zone:	UTM easting:	UTM northing:	Temp °C:	Full name of biologist(s):
HA start time:	Attitude/activity: Normal Lethargic/Weak	Respiration: Normal Abnormal sounds Increased effort	Beak: Normal Abnormal Evidence of foraging		
Left naris: Normal Asymmetrical Eroded Occluded	Left naris discharge and severity: None Serous: 1 2 3 Mucous: 1 2 3	Right naris: Normal Asymmetrical Eroded Occluded	Right naris discharge and severity: None Serous: 1 2 3 Mucous: 1 2 3		
Left eye: Normal Sunken Corneal opacity Partially closed Fully closed Serous discharge Mucous discharge Periocular swelling Periocular redness Conjunctival swelling Conjunctival redness	Right eye: Normal Sunken Corneal opacity Partially closed Fully closed Serous discharge Mucous discharge Periocular swelling Periocular redness Conjunctival swelling Conjunctival redness				
Skin lesion location: None Generalized Head Neck L / R forelimb L / R axillary region L / R hindlimb L / R prefemoral region Vent/tail	Condition of skin lesion(s): N/A Active Inactive	Coelomic cavity palpation: No mass L / R mass Not done	Shell characteristics: Compressible N/A Sunken +/- Scutes Peeling/flaking keratin Bone exposed		
Shell abnormality location: Carapace Plastron N/A	Shell abnormalities (describe below): None Localized Multifocal Generalized	Condition of shell abnormalities: N/A Active Inactive	If present, circumstances of skin/shell trauma: N/A Unknown Suspect canid bite Vehicle Other_____		
Sex: M F Unk	Initial weight: _____(g)	Body condition score: 1 2 3 4 5 6 7 8 9	Photos (take all): ___Front face and body ___Left side face ___Right side face ___Carapace ___Plastron (take when measuring only if abnormal) ___Abnormalities		

Label and describe trauma, anomalies, lesions, missing body parts, and identifying features.



Ticks: 0 1-10 >10				Choana: Not examined Normal Pale Reddened		Tongue and oral mucosa: Not examined Normal Pale Reddened Crust Ulcers Plaques Hypersalivation Impaction				# oral/cloacal swabs collected: _____/_____	
Location: Soft tissue Seams Scutes Eyes Nares Beaks Collected? N/A Yes No Removed? N/A Yes No				Total sample volume (blood and lymph) collected: _____(ml)		Total # hep tubes (number each): 0 1 2 3 4		Est. lymph volume in each hep tube: Hep tube #1. _____(ml) Hep tube #2. _____(ml) Hep tube #3. _____(ml) Hep tube #4. _____(ml)		Void during processing: None Urine/urates Feces	
Nasal lavage fluid injected: _____(ml)	Total nasal lavage fluid collected: _____(ml)	# LB/lavage sample vials collected: 0 1 2 3	Time of blood draw (24h):	Post fluid weight: N/A _____(g)		MCL: _____(mm)		Width V3: _____(mm)	Height V3: _____(mm)	Plastron: _____(mm)	
End handling time (24h):	Disposition: Wild capture location Same pen New pen _____ Other _____		Blood processing time (24h):	Plasma color: Colorless Red Yellow Green		UFL plasma aliquots: 0 1		USFWS plasma aliquots: 0 1 2 3		Total tubes with RBCs saved: 0 1 2 3 4	
Radiograph date: _____				Eggs present in radiograph: N/A 0 1 2 3 4 5 6 7 8 9 10				Suspect bladder stone in radiograph: Yes No			

Total number of tubes/vials collected: _____

Revised March 28, 2012